



BPS DASA Investigation Form

School: _____ Today's date: _____

Principal/Dignity Act Coordinator: _____

Name of person reporting incident: _____ Role: _____

Phone: _____ Email: _____ HR: _____

Name of target: *(student being bullied, harassed, or discriminated against)*: _____

Name(s) of alleged offender(s): _____

Date(s) and time(s) of incident(s): _____

What was your involvement in the incident?

- I was directly involved I observed the incident I heard about the incident

Where did the incident happen? *(check all that apply)*

- On school property Cafeteria On a school bus
 Classroom Gym Off school property
 Hallway Locker Room Electronic Communication
 Bathroom At a school function Other (describe) _____

Type of incident *(check all that apply)*

- Physical contact (i.e. kicking, spitting, tripping, pushing) Verbal threats (i.e., gossip, name-calling, teasing, threats)
 Psychological (i.e. rumors, exclusion, intimidation) Abuse (i.e. actions or statements that cause fear of bodily harm)
 Cyberbullying (i.e. misusing social media to harass, tease, threaten, post pictures)
 Other: _____

Who was involved with the incident?

- Student Employee Both student and employee

Describe the specific nature of the incident. What happened? (Be as specific as possible). What did the alleged offender say or do? Include any copies of text messages, emails, etc. if possible.

_____ add extra pages if needed _____

If there were any adults in the area when this happened, what did they do?

Types of bias involved (if known): *(Check all that apply)*

- | | | |
|--|---|--|
| <input type="checkbox"/> Race | <input type="checkbox"/> Religion | |
| <input type="checkbox"/> Color | <input type="checkbox"/> Religious Practice | <input type="checkbox"/> Other (describe): |
| <input type="checkbox"/> Weight/Size | <input type="checkbox"/> Disability | _____ |
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sexual Orientation | _____ |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Gender | _____ |

Names of others who may have witnessed the incident:

Was the student absent from school as a result of the incident?

- No Yes Number of days student was absent: _____

Does the situation continue to occur? Yes No

What do you think should be done about the situation (you may contact the Principal/Dignity Act Coordinator for information or assistance at any time)?

FOR SCHOOL LEADERS OR DESIGNEE ONLY (for documenting the school's investigation):

Results of Investigation (include a summary of information gathered from interviews):

_____ add extra pages if needed _____

Did the investigation verify that a material incident of bullying, harassment, and/or discrimination occurred?

If founded "material", what action will be taken:
